

# PURCHASE REQUEST

DSWD FO VI

BAG  
DATE: 12/10/20  
TIME: 2:00  
REC'D BY:

Entity Name: \_\_\_\_\_

Fund Cluster: \_\_\_\_\_

Office/Section: <u>CBS</u>	PR No.: <u>2020-12-2305</u>	Date: <u>December 3, 2020</u>
Responsibility Center Code: _____		

Stock/ Property No.	Unit	Item Description	Quantity	Unit Cost	Total Cost
	Pax	Board and Lodging for 2 full days with the following inclusions: <b>Meals &amp; Snacks:</b> -3 meals and 2 snacks per day with lodging -Snacks with free flowing coffee, tea, chocolate drink, hot and cold drinking water <b>Accommodation:</b> Air-conditioned bedrooms with: -Triple room sharing, complete toiletries, hot and cold shower, complementary room for Secretariat <b>Function Room:</b> One air-conditioned function room that can support the physical distancing for participants and with the following amenities: -Welcome streamer and backdrop -LCD projector with wide screen -PA system with 3 microphones -Audio jack and extension cords -Movable tables and chairs -Flip board and white board -Space for the Secretariat with table and chairs -Stand by waiter/s and technician to attend to audio-visual equipment and food concerns <b>Others:</b> -Internet ready WIFI access -Basic first aid and medicine kit for diarrhea, allergy, hypertension, headache, cold and hyperacidity -PWD-friendly access with ramp and elevator, spacious parking area -Disposable slippers and toothbrush -Health and safety standard including temperature scanning upon entry, hand washing facility, alcohol disinfectant and foot bath x-x-x NOTHING FOLLOWS x-x-x	18	2,000.00	72,000.00
<b>TOTAL:</b>					<b>72,000.00</b>

DSWD FIELD OFFICE VI  
BIDS & PURCHASES UNIT  
2020-12-1125  
IPCC  
BAG  
DATE REC'D BY:

FINANCE MANAGEMENT DIVISION  
**FUND AVAILABLE**  
BUDGET SECTION:  
DATE: 12/03/2020  
REF: 10000002000-SW10B-2020-VI-9

Ad - 2.21.2020  
50 299030 - 87

**Purpose:** For use during the conduct of CBS Year-End Evaluation and Recognition of CB Innovations on December 21-23, 2020 in Iloilo City.

<p><b>Requested by:</b></p> <p style="text-align: center;"></p> <p><b>Signature:</b> _____</p> <p><b>Printed Name:</b> <b>ROBERT PAUL JOSEPH B. ECLAR</b></p> <p><b>Designation:</b> Training Specialist II/ CBS Head</p>	<p><b>Approved by:</b></p> <p style="text-align: center;"></p> <p>_____</p> <p><b>MA. EVELYN B. MACAPOBRE</b> Regional Director</p>
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